

Department of Veterans Affairs Facility Name

Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this from will be used by the Treasury to transmit payment data though electronic funds transfer to your financial institution.

Complete <u>all</u> fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Patient Travel Services Office now or at your next appointment.
- **Fax** it to our secure fax line at (801) 584-5636; or
- Mail to ATTN: VA Salt Lake City Health Care System, Attn: Patient Travel, 136T, 500 Foothill Dr., Salt Lake City, UT. 84148

First & Last Name	_Social Security#		
Address	_ City	State	Zip
Bank Name	_City	State	Zip
Routing Transit # Account #_ (Routing Transit # Found on the bottom of your personal check, must have 9 digits and begin with "0", "1", "2" or "3")			
Circle Account Type: Checking Saving	IS		
Signature	Phone # ()		

For questions concerning the EFT process, please contact Patient Travel Service at (801) 582-1565 ext. 1420

